

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001865 (5)

1. Corporation Name

AIRCORP III, INC.



Principal Place of Business

Mailing Address

5955 T.G. LEE BLVD., SUITE 300
ORLANDO FL 32827

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ORLANDO FL 32827

3. Date Incorporated or Qualified 04/16/1993	3a. Date of Last Report 04/11/1995
4. FEI Number 59-3172541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 9025 Boggy Creek Rd.	26 9025 Boggy Creek Rd.
Suite, Apt. #, etc 22 #9	Suite, Apt. #, etc 27 #9
City & State 23 Orlando FL	City & State 28 Orlando FL
Zip 24 32824	Zip 29 32824
Country 25	Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(If Officer, Registered Agent signature required when reappointing)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTCD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNTON, W. JEPHTA	1.2 NAME	
STREET ADDRESS	5955 T.G. LEE BLVD., SUITE 300	1.3 STREET ADDRESS	9025 Boggy Creek Rd. #9
CITY - ST - ZIP	ORLANDO FL 32827	1.4 CITY - ST - ZIP	Orlando FL 32824
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILES, RICHARD C	2.2 NAME	
STREET ADDRESS	C/O 152 WEST 57TH STREET, 35TH FLOOR	2.3 STREET ADDRESS	37 Richard Drive
CITY - ST - ZIP	NEW YORK NY 10019	2.4 CITY - ST - ZIP	Short Hills NJ 07078
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSDAL, BO	3.2 NAME	
STREET ADDRESS	C/O 23/25 MADDOX STREET, 4TH FLOOR	3.3 STREET ADDRESS	
CITY - ST - ZIP	LONDON, W1R9L3, ENGLAND	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIKERT, JAMES R	4.2 NAME	
STREET ADDRESS	C/O 3890 WEST NORTHWEST HWY., STE. 700	4.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX 75220	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/96

407 854 1036

Date

Original Filing #

CR2E034 (3/96)